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## **Credit Card Authorization Form**

Cardholder Name: \_\_\_\_\_

Type of Card:      Visa    ☐      MC    ☐      AmEx    ☐

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Amount to Charge:    \$ \_\_\_\_\_

I authorize Cold Air Rentals LLC to charge the above credit card for the amount shown.

Cardholder Signature: \_\_\_\_\_

1810 Paulette Drive  
Johns Island, SC 29455  
www.coldairrentals.com